

# CLAIMS ONLY

Application Number

101779365

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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Total Indep						
Total Depend						
Total Claims						

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

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	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
101		/					51						
102		/					52						
103		/					53						
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46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						